

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/12/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 15860 billed for date of service 10/17/02.

II. RATIONALE

Review of the requestors' position statement dated 06/06/03 states in part..."CPT 15860 is a free-standing code in the Guidelines. If you look on page 75 of the Guidelines, it says intravenous injection of agent (EG Fluroescein) to test blood flow and flap or graft. It does not say it's associated with another procedure." Included in the documentation of the requestor's position statement is a letter from the TPA for the carrier which states "Per the Complete Global Service Data for Orthopedic Surgery CPT 15860 is not a separate procedure from 15574, documentation attached."

Respondent did not submit a position statement.

After reviewing the documentation, it has been determined that no payment is recommended based on the Complete Global Service Data for Orthopedic Surgery.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 15860.

The above Findings and Decision is hereby issued this 14th day of April 2005.

Benita Diaz
Medical Dispute Resolution Officer
Medical Review Division

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